PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u>

(703) 746-4000

CORRENT CORRESPONDEN	CE ADDRESS (Note: Use Block 1 for	any change of address)		Fee(s) Transmittal, Th	mailing can only be used for his certificate cannot be used to al paper, such as an assignment	for any other accompanying
22907 7590 04/08/2005 BANNER & WITCOFF 1001 G STREET N W SUITE 1100 WASHINGTON, DC 20001 706/2005 MBEYENE2 00000161 190733 10648642				Ce	onal paper, such as an assignment or formal drawing, must cate of mailing or transmission. Certificate of Mailing or Transmission this Fee(s) Transmittal is being deposited with the United e with sufficient postage for first class mail in an envelope fail Stop ISSUE FEE address above, or being facsimile SPTO (703) 746-4000, on the date indicated below. (Depositor's name)	
		ac on c	404			(Signature)
FC:2501 700.00 FC:1504 300.00		PIRADEMA				(Date)
APPLICATION NO.			FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/648,642	10/648,642 08/27/2003		Alessio	Fasano	A-8630	3623
APPLN. TYPE nonprovisional	SMALL ENTITY NO YES	ISSUE FE	700	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE 07/08/2005
EXAM	MINER	ART UNI	T*	CLASS-SUBCLASS]	
SNEDDEN,	SNEDDEN, SHERIDAN			530-328000	,	
Change of corresponded Address form PTO/SB/1			registered	attorney or agent) and the nan	ICO OI UD IO	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	or more recent) attached. Use	e of a Customer	listed, no r	d patent attorneys or agents. If name will be printed.	no name is 3	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AND	or more recent) attached. Use	e of a Customer E PRINTED ON TI	listed, no r	name will be printed.	no name is 3	ocument has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth it	O RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion	e of a Customer E PRINTED ON TI clow, no assignee d of this form is NOT	HE PATENT ata will app a substitute	remaine will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO	no name is 3nee is identified below, the doubtry)	ocument has been filed for
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN	O RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion	E PRINTED ON THE PRIN	listed, no in the PATENT lata will appear a substitute RESIDENCE	rame will be printed. (print or type) ear on the patent. If an assign for filing an assignment.	nee is identified below, the discountry) MARYLAND	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICES TY Please check the appropriate 4a. The following fee(s) are	O RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion UEE MARYLAND e assignee category or catego	E PRINTED ON TI clow, no assignee d of this form is NOT (B) BALTIMOR ries (will not be prin 4b.	listed, no a HE PATENT ata will app a substitute RESIDENC tted on the p Payment of	rame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO BALTIMORE, Jatent): Individual	nee is identified below, the decoupled in the decoupled i	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICASTY Please check the appropriate 4a. The following fee(s) are Issue Fee	ORESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of the	E PRINTED ON TI clow, no assignee d of this form is NOT (B) BALTIMOR ries (will not be prin	listed, no note that a will app a substitute RESIDENC Let the don the p Payment of A check is	rame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO BALTIMORE, Jatent): Individual Co Fee(s): in the amount of the fee(s) is er	no name is 3 nee is identified below, the description of other private grounds.	
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICASTY Please check the appropriate 4a. The following fee(s) are Issue Fee	O RESIDENCE DATA TO Be an assignee is identified be a 37 CFR 3.11. Completion of the	E PRINTED ON TI clow, no assignee d of this form is NOT (B) , BALTIMOR ries (will not be print 4b.	listed, no a HE PATENT ata will app a substitute RESIDENC ted on the p Payment of A check i Payment	rame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. E: (CITY and STATE OR CO BALTIMORE, Jatent): Individual	nee is identified below, the description of other private grounds. B is attached.	oup entity Government
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICASTY Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No so advance Order - # o 5. Change in Entity Status A applicant claims S	ORESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or catego enclosed: small entity discount permitte f Copies (from status indicated above EMALL ENTITY status. See	ries (will not be pringled)	listed, no a HE PATENT ata will app a substitute RESIDENC The payment of A check in Payment The Dire Deposit Accumulation b. Applic	ame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. EE: (CITY and STATE OR CO ALTIMORE, J atent): Individual C Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203; ctor is hereby authorized by count Number 19-0735 ant is no longer claiming SMA	nee is identified below, the decoration or other private grounds. B is attached. Charge the required fee(s), or generation or other private grounds. LL ENTITY status. See 37 CI	oup entity Government credit any overpayment, to opy of this form). FR 1.27(g)(2).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICASTY Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No so advance Order - # o 5. Change in Entity Status A applicant claims S	ORESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or catego enclosed: small entity discount permitte f Copies (from status indicated above EMALL ENTITY status. See	ries (will not be pringled)	listed, no a HE PATENT ata will app a substitute RESIDENC The payment of A check in Payment The Dire Deposit Accumulation b. Applic	ame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. EE: (CITY and STATE OR CO ALTIMORE, J atent): Individual C Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203: count Number 19-0733	nee is identified below, the decoration or other private grounds. B is attached. Charge the required fee(s), or generation or other private grounds. LL ENTITY status. See 37 CI	oup entity Government credit any overpayment, to opy of this form). FR 1.27(g)(2).
"Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN UNICASTY Please check the appropriate 4a. The following fee(s) are Issue Fee Publication Fee (No so advance Order - # o 5. Change in Entity Status A applicant claims S	or more recent) attached. Use O RESIDENCE DATA TO B s an assignee is identified be n 37 CFR 3.11. Completion IEE e assignee category or catego e enclosed: small entity discount permitte f Copies of from status indicated above MALL ENTITY status. See his requested to apply the Issue bublication Fee (if required) words of the United States Pate	ries (will not be pringled)	listed, no a HE PATENT ata will app a substitute RESIDENC The payment of A check in Payment The Dire Deposit Accumulation b. Applic	ame will be printed. (print or type) ear on the patent. If an assign for filing an assignment. EE: (CITY and STATE OR CO ALTIMORE, J atent): Individual C Fee(s): in the amount of the fee(s) is er by credit card. Form PTO-203; ctor is hereby authorized by count Number 19-0735 ant is no longer claiming SMA	nee is identified below, the decoration or other private grounds. B is attached. Charge the required fee(s), or generation or other private grounds. LL ENTITY status. See 37 CI	oup entity Government credit any overpayment, to opy of this form). FR 1.27(g)(2).

an approached. Confidentiality is governed by 35 U.S.C. 122 and 37 CFK 1.14. I first collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.